

Work Order ID 107092

Thursday, September 19, 2013 10:23:36 AM

107092

Page 1

Item ID: D2071-5

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Cable

Start Date: 9/19/2013 Start Qty: 6.00

10
R
6 10

Cust Item ID:

Required Date: 9/25/2013 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: CL

Date: 13/09/19 Tooling:

Date:

Run Start

NR1

QC: _____

Date: _____ SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2071	G

100 *100* PURCHASING 0.00

Purchasing

Memo

Issue P/O: 21419

Purchase Part Number: 09-9400-74

ENSURE D2071-5 IS ENTERED AS P/N ALSO

Possible Supplier: WESCON

Material release note is required

CL 13/09/19 10

110 *110* Receive & Inspect for Damage & Mat'l Certs 0.00

Packaging

Memo

Ensure Material Release Note is attached

10X SP
13-10-10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>				Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>				Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>				Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	

Work Order ID 107092

Thursday, September 19, 2013 10:23:36 AM

107092

Page 2

Item ID: D2071-5

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Cable

Start Date: 9/19/2013 Start Qty: 6.00

6

Cust Item ID:

Required Date: 9/25/2013 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC6- Inspect dimensions to drawing

0.00

DAS

27

9-89

10

120

QC

Quality Control

13-10-11

130

Identify as per dwg & Stock Location: ST223 0.00

0.00

DAS

28

9-89

10X

13-10-11

130

Packaging

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

0.00

MLJ 13-10-11

140

QC

Quality Control

MLJ 13-10-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

Page 1

Thursday, September 19, 2013 10:23:36 A

Work Order ID: 107092**Parent Item:** D2071-5**Parent Item Name:** Cable**Start Date:** 9/19/2013**Required Date:** 9/25/2013**Start Qty:** 6.00**Required Qty:** 6.00**Comments:** New issue 12.03.30 LL
DWG REV:G DD VERF:EC

IPP REV:B 12.04.04 AS PER

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
09-9400-74 Cable		Purchased	No			110	Each	0.0000	1	6	10 X		

SP13-10-10.

NCR: Yes / No

DQA: _____ Date: _____

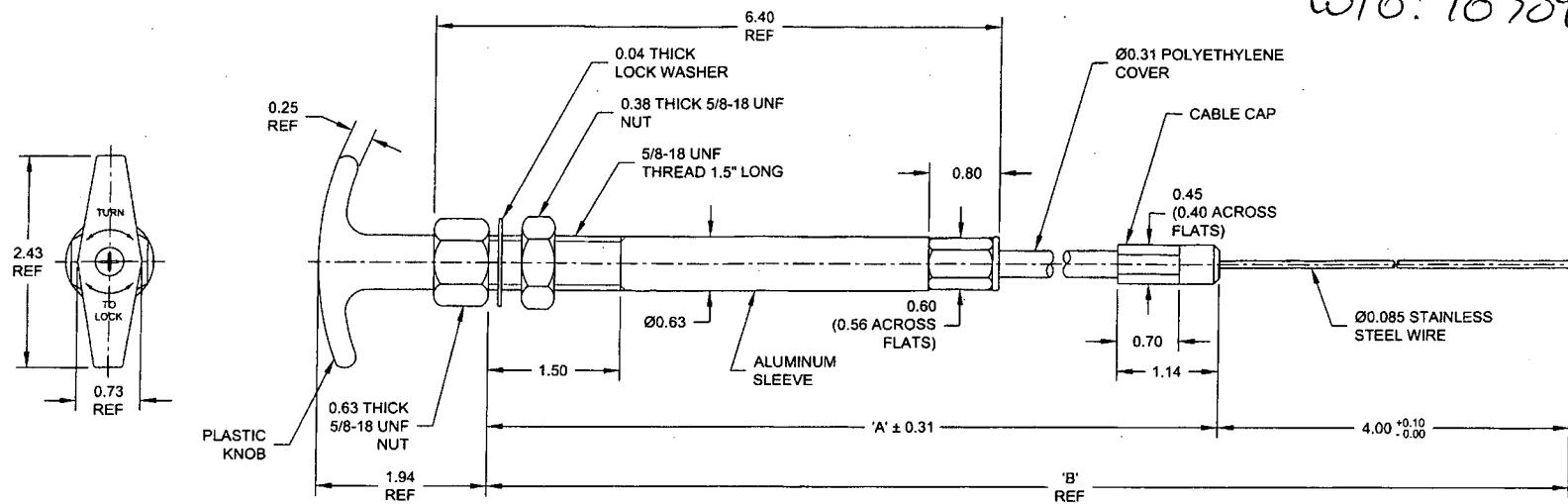
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			

SPECIFICATION CONTROL DRAWING

CD 13/09/19
W/O! 107092



RELEASED
2012-03-30

PUSH-PULL CONTROL, TURN TO LOCK, CABLE

DART P/N	LENGTH 'A'	LENGTH 'B' (LENGTH 'A' + 4.00)	SUPPLIER	SUPPLIER P/N	WEIGHT (lbs)
D2071	32.00	36	WESCON	09-9400-69	0.63
D2071-3	38.00	42		09-9400-68	0.68
D2071-5	36.00	40.00		09-9400-74	0.65

G

G	ADDED -5 (REF PAR 12-163)	AJS	12.03.26
F	UPDATED WESCON P/N'S. PREVIOUS WERE QUOTE P/N'S.	MB	11.02.03
E	CHG TO WESCON P/N MB10-334-02/03. NCR10-383.	MB	11.01.17
D	UPDATED TO CURRENT DRAWING STANDARDS; ADDED P/N D2071-3 (ZN B6-1). REASON: LONGER CABLE REQUIRED FOR MIRRORS INSTALLED ON B407	MB	08.12.04
C	RE-DRAWN	CB	06.10.18
B	CHANGE TO DANCO P/N 58V03-36	-	06.03.10
A	ADD CABLE CRAFT P/N 59V00-3-36	-	97.05.08
REV.	DESCRIPTION	BY	DATE
DESIGN	CB	DART AEROSPACE LTD	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. G
MFG. APPR.		D2071	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		CABLE	NTS
DATE	12.03.26	COPYRIGHT © 1997 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

- NOTES:**
- 1) MATERIÅL: N/A
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: N/A
 - 6) IDENTIFICATION: PER QSI.044 6.1 (FINE POINT-MARKER)-
 - 7) WEIGHT: PER TABLE

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
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Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

PACKING SLIP

Page:
Packing Slip: 36463

From:
WESCON
2533 S. WEST ST. (CONTROLS)
2810 S. WEST ST. (PLASTICS)
WICHITA KS 67217
(316) 942-7266

KD

Bill To: 41976
DART AEROSPACE LTD.
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

Ship To: (1)
DART AEROSPACE LTD.
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

Order Contact:

Pack Date	Order #	Cust PO	Ship Via	Weight	Pkgs #
10/07/13	C326553	PO21419	FEDX CHG ACCT#	10.00	1

Line/Rel	Item	U/M	Qty Ordered	Qty To Pack
1	D2071-5 09-9400-74 CONTROL REV-1/CR-G C/I: D2071-5	EA	10.000	10.000

FEDX CHG ACCT# 15179324-0
ACCOUNTING TO EMAIL INVOICES TO:
rmolnar@dartaero.com

SP13-10-10

1.51" mm 10#

Country of Origin
For The Goods Listed:
UNITED STATES OF AMERICA

WESCON
 2533 S. WEST ST. (CONTROLS)
 2810 S. WEST ST. (PLASTICS)
 WICHITA KS 67217
 (316) 942-7266

INVOICE NO. 4259646

PAGE 1

DATE 10/07/13

SALESMAN

REGULAR INVOICE

Tax ID:

P.O. Box 7710 Wichita, Kansas 67277-7710

B
I
L
L

T
O

41976 Tax ID:
 DART AEROSPACE LTD.
 1270 ABERDEEN STREET
 HAWKESBURY ON K6A 1K7
 CANADA

1
 DART AEROSPACE LTD.
 1270 ABERDEEN STREET
 HAWKESBURY ON K6A 1K7
 CANADA

S
H
I
P

T
O

ORDER #	P.O. NUMBER	PKGS	PPD	WEIGHT	SHIP VIA	TERMS
C326553	PO21419	1		10.00	FEDX CHG ACCT#	NET 30 DAYS

LINE/REL.	QTY ORDERED	QTY SHIPPED	QTY. BACK ORDERED	UNIT PRICE	EXTENDED PRICE
-----------	-------------	-------------	-------------------	------------	----------------

1 10.000 10.000 .000 25.00000 250.00
 CI: D2071-5
 Item: D2071-5
 Description: 09-9400-74 CONTROL REV-1/CR-G
 U/M: EA
 Date Shipped: 10/07/13

FEDX CHG ACCT# 15179324-0
 ACCOUNTING TO EMAIL INVOICES TO:
 rmolnar@dartaero.com
 364639

Country of Origin
 For The Goods Listed:
 UNITED STATES OF AMERICA

PAYABLE
 IN U.S. FUNDS

A REGISTERED ISO 9001 COMPANY
 ***** NOTE: NEW REMIT TO *****
 P.O. BOX 677725 DALLAS, TX. 75267-7725

SALES AMOUNT	250.00
MISC. CHG.	0.00
FREIGHT	0.00
SALES TAX	0.00
TOTAL	250.00

WESCON CONTROLS

2533 West Street South
Wichita, KS 67217
(316) 942-7266

CERTIFICATE OF CONFORMANCE

Customer: **Dart Aerospace LTD.**

Customer Part Number: **D2071-5**

Customer Revision: **G**

Wescon Part Number: **09-9400-74** *Shd*
13-10-11

Wescon Revision: **1**

Item Description: **Control**

Quantity: **10**

Ship Date: **10/17/13**

Purchase Order Number: **PO21419**

Lot Number: **326553-001**

I certify that the items listed above have been inspected and tested, and conform to all specifications and requirements detailed in the contract or purchase order, and that inspection and test records are available on file.

Supplier Signature:

C. Johns

Title:

Inspector

Date:

10/4/2013

Revised: 10/1/2012



ACI-457565877130

Commercial Invoice

Invoice Number:	Purpose of Shipment:	Curr:	Ult Dest.
		USD	CA
Export Dt	C.I. References	Pkgs	Bill T/C
10/7/2013	HD/PO21419	1	1517-9324-0
		BOX	

Shipper:
SHIPPING
WESCON
2533 S WEST ST

Consignee:
DART AEROSPACE LTD.
DART AEROSPACE LTD.
1270 ABERDEEN STREET

WICHITA
KS 67217 US (316) 942-7266
ID/EIN:320014390

HAWKESBURY
ON K6A1K7 CA (316) 942-7266
ID/EIN:

Broker
FedEx Ground's Broker

Importer
DART AEROSPACE LTD.
DART AEROSPACE LTD.
1270 ABERDEEN STREET

HAWKESBURY
ON K6A1K7 CA (316) 942-7266
ID/EIN:

Part Nbr: Marks/Nbrs: Cntry MFG:US Net Wgt: 0.00 lbs
HS Code: Unit Qty: 10.00 EA Unit Value: 25.000000 Commodity Value: 250.00
Desc: 09-9400-74 CONTROL

Total Shipment Weight: 10
These commodities, technology, or software were exported from the
United States in accordance with the Export Administration Regulations.
Diversion contrary to United States law is prohibited.

Total Commodity Value: 250.00
Terms of Sale: FCA/FOB
Freight: 0.00
Insurance: 0.00
Others: 0.00
Total Invoice Value: 250.00

Comments:

- 1)
- 2)
- 3)

Tracking Numbers: 457565877130

I declare all information in this invoice to be true and correct.

Signature of shipper: SHIPPING

10/7/2013

Carrier Code: FDEG

INTERNATIONAL
SHIPMENT NUMBER

170353276

FedEx Ground OP-089 6/07



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21419**

Purchase Order Date 9/19/2013
PO Print Date 9/20/2013

Page Number 1 of 1

Order From : VU-WES001

WESCON PRODUCTS COMPANY
2533 SOTH WEST STREET
PO BOX 7710
WICHITA , KANSAS 67277

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name
Vendor Phone 316-239-3300

Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency USD
FOB Destination-Collect

*REVISED
date*

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Promise Date	Req Qty/ Unit of Measure	PO Unit Price	Extende Pr
1	09-9400-74	Cable	10/25/2013	No	10/25/2013	10.00 Each	\$25.00	\$250

AS PER DWG D2071-5 REV. G
B107092

Line Total: \$250

PO Total: \$250

SQB-1010

CZ

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required - YES NO
PST# 6122-5207

Change Nbr: 2

Change Date: 9/20/2013